


MEDICAL POLICY STATEMENT		
Effective Date	Next Annual Review Date	Last Review / Revision Date
8/2010	7/2014	7/2013
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CSMG Medical Policy Statements are derived from literature based and supported clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services are those health care services or supplies which are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative and are not provided mainly for the convenience of the member or provider.

A. SUBJECT

Behavioral Intensive Level Therapy for Treatment of Pervasive Developmental Disorders including Autism Spectrum Disorders (Such as Applied Behavior Analysis (ABA) Applied Behavior Analysis (ABA), Intensive Behavioral Intervention (IBI), Discrete Trial Training, Early Intensive Behavioral Intervention (EIBI), Intensive Intervention Programs)

B. BACKGROUND

Intensive behavioral intervention programs, such as applied behavioral analysis (ABA), or early intensive behavioral intervention (EIBI), or intensive behavioral intervention (IBI), or Lovaas therapy are programs based on operant conditioning techniques used to treat autism spectrum disorders. Children with autism spectrum disorders have clinically significant deficits which are present in early childhood in areas, such as social communication and interactions, as well as restricted, repetitive patterns of behavior, interests and activities.

The intensive behavioral intervention programs involve time intensive, highly structured positive reinforcement techniques by a trained behavior analyst or therapist. There is a wide variation in ABA practices from philosophy, approach, interventions and methodology, and outcome reporting. There is lack of definition and guidelines around characteristics of children who would benefit from treatment, lack of evidence-based guidelines for training and credentialing, program content, measurement of success, intensity, duration and clinical criteria. CareSource fully supports the recommendation for ongoing research, randomized control studies, standardized protocols, and longitudinal research to determine long term outcomes.

C. POLICY

CareSource supports early intervention services and therapies, such as physical, speech, occupational or psychological/psychiatric, for the treatment of autism spectrum disorders.

CareSource covers Medicaid covered services as part of a comprehensive plan of treatment for autism spectrum disorders when ordered by a pediatrician or psychiatrist and provided by a certified or licensed CareSource participating therapist.

- Psychotherapy
- Development of cognitive skills to improve attention, memory, problem solving, direct (1:1) patient contact by the provider
- Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (1:1) contact by the provider
- Physical Therapy
- Speech Therapy
- Occupational Therapy

D. REVIEW / REVISION HISTORY

Date Issued: 8/2010

Date Reviewed: 7/2011, 7/2012, 7/2013

E. REFERENCES

1. Spreckley, M., Boyd, R. Efficacy of Applied Behavioral Intervention in Preschool Children with Autism for Improving Cognitive, Language and Adaptive Behavior; A Systematic Review and Meta-Analysis J Pediatric 2008 Oct 22
2. <http://www.sign.ac.uk/guidelines/fulltext/98/section5.html> accessed June 2010
3. National Research Council (NRC) 2001: educating children with Autism. Catherine Lord and James P McGee, Available at www.NAP.edu accessed June 2010.
4. American Academy of Pediatrics: PEDIATRICS Volume 120, Number 5, November 2007 <http://www.aap.org/pressroom/issuekitfiles/ManagementofChildrenwithASD.pdf>
5. American Academy of Child and Adolescent Psychiatry (AACAP). Practice Parameters for the Assessment and treatment of children and adolescents and adults with autism and other pervasive developmental disorders. 1999. Accessed June 2010
6. Spreckley M, Boyd, R: Efficacy of Applied Behavioral Intervention in Preschool children with autism for improving cognitive, language and adaptive behavior: A systematic review and meta-analysis. Jr Pediatric 2008 Oct 22
7. Assessment by the Scottish Intercollegiate Guidelines Network (SIGN, 2007)
 - a. Reviewed applied behavioral analysis and determined that “all studies included in this review were marked by considerable methodological flaws and there was also a concern that many had enrolled high functioning children with autism, making it difficult to generalize from the conclusions. The review concluded that a causal relationship cannot be established between a particular program of intensive behavioral intervention and the achievement of ‘normal functioning’.”
8. The National Academy of Sciences (2001)
 - a. Concluded that “there is little evidence concerning the effectiveness of discipline-specific therapies, and there are no adequate comparisons of different comprehensive treatments.” www.NAP.edu
9. The American Academy of Pediatrics in their management of children with autism clinical report state:
 - a. “All treatments, including educational interventions, should be based on sound theoretical constructs, rigorous methodologies, and empirical studies of efficacy. Proponents of behavior analytic approaches have been the most

active in using scientific methods to evaluate their work, and most studies of comprehensive treatment programs that meet minimal scientific standards involve treatment of preschoolers using behavioral approaches. However, there is still a need for additional research, including large controlled studies with randomization and assessment of treatment fidelity. Empirical scientific support for developmental models and other interventions is more limited, and well-controlled systematic studies of efficacy are needed.”

10. The American Academy of Child and Adolescent Psychiatry (AACAP)(1999) Practice Parameters for the Assessment and Treatment of Children, Adolescents and Adults with autism and other pervasive developmental disorders
 - a. Discussed that claims of sustained improvement from intensive early behavioral interventions were complicated by various methodological issues and diagnostic status and state, “While there is now little question that early and sustained intervention is indicated, important questions regarding the duration and intensity of the intervention and characteristics of children who respond remain to be addressed.”
11. Spreckly and Boyd (2008)
 - a. Performed a systematic review and met analysis and found insufficient evidence that applied behavior intervention programs have better outcomes than standard care for preschool children with autism in cognitive, expressive, receptive language or adaptive behavior.

The Medical Policy Statement detailed above has received due consideration as defined in the Medical Policy Statement Development Policy and is approved.